

**FOOD STAMP POLICY QUESTION**

**INSTRUCTIONS:** Complete only items 2,3,4,6, and 9 of the form. Use a separate form for each subject. Retain a copy of the FS 3 for your records and mail the original to the Food Stamp Policy Implementation Unit, 744 P Street, M.S. 14-52, Sacramento, California 95814.

1. FSPIU LOG NUMBER

EXCLUSION CODE, IF APPLICABLE

APPROVED BY / DATE

2. MANUAL REFERENCE

3. SUBJECT

4. REQUESTED BY (NAME AND COUNTY)

5. ANSWERED BY

ADDRESS/MAIL STATION

TELEPHONE NUMBER

6. DATE REQUESTED

7. DATE ANSWERED

8. FSQUAD DATE

9. QUESTION

10. ANSWER (FSPIU USE ONLY)